

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 0 2 — 0 0 5	2. STATE: HAWAII
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/03	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: SECTION 1931 OF THE ACT	7. FEDERAL BUDGET IMPACT: a. FFY N/A \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 15 TO ATTACHMENT 2.6-A, PAGE 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SAME


10. SUBJECT OF AMENDMENT:

SECTION 1931 OF THE ACT


11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION P. O. BOX 700190 HONOLULU, HAWAII 96709-0190
13. TYPED NAME: PATRICIA MURAKAMI	
14. TITLE: ACTING DIRECTOR	
15. DATE SUBMITTED: DEC 23 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 30, 2002	18. DATE APPROVED: January 29, 2003
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Linda Minamoto	22. TITLE: Associate Regional Administrator

23. REMARKS:

_____ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. For applicants and recipients, gross income in the amount of the difference between the AFDC income standard (in effect on July 16, 1996) and 100% of the 2003 FPL is disregarded or the AFDC income disregards in effect on July 16, 1996 are applied, whichever is to the family's advantage. Except that the income disregards will be applied without regard to 45 CFR 233.20(a)(11)(iii)(A) through (D).
2. The earned income of each child under age 19, who is a student, is excluded.
3. All TANF payments are excluded.
4. \$1000 in otherwise countable resources will be disregarded for a family of one, \$2000 for a family of two, and an additional \$250 for each individual above two.
5. The equity value of all motor vehicles such as cars, trucks, vans, campers, motorcycles, and mobile homes are exempt from consideration toward the personal reserve, regardless of the value or the use of the vehicles, with the exception of all watercrafts and air transportation vehicles, such as boats, airplanes, and helicopters that will continue to be considered toward the personal reserve.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. A new income disregard is added.
2. The gross earned income of a dependent child who is a student, was included in determining whether the total family income exceeded 185 per cent of the Standard of Need. For applicants,

TN No. 02-005

Supersedes

TN No. 02-001

Approval Date: JAN 29 2003 Effective Date: 01/01/03